

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90173 047 \*\*\*150.00

**DOCUMENT # P95000036269**

1. Corporation Name

**FINANCIAL MANAGEMENT CONTROL OF ARIZONA, INC.**

Principal Place of Business  
1926 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Mailing Address  
1926 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1995**

4. FEI Number

**65-0581634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 2445 W. Dunlap**

Suite, Apt. #, etc.

**22 Suite 215**

City & State

**23 Phoenix, AZ**

Zip

**24 85021**

Country

**25 USA**

2a. Mailing Address

**26 1909 Tyler Street**

Suite, Apt. #, etc.

**27 6th floor**

City & State

**28 Hollywood, FL**

Zip

**29 33040**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD.  
SUITE 485 SOUTH  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **THOMAS, JOHN**  
STREET ADDRESS **1926 HOLLYWOOD BLVD.**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☒ DELETE

NAME **KOVACS, STEPHEN L.**  
STREET ADDRESS **1926 HOLLYWOOD BLVD.**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **P** ☐ DELETE

NAME **BAGAL, STACY R.**  
STREET ADDRESS **3101 W. PEORIA AVE., #A-100**  
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**2445 W. Dunlap Suite 215  
Phoenix, AZ 85021**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**C  
James Paxton  
340 North Interstate Parkway  
Atlanta, GA 30330**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**S  
William Kane  
2500 Corporate Exchange Suite 200  
Columbus, OH 43231**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T  
Kenneth Monnett  
2500 Corporate Exchange Suite 200  
Columbus, OH 43231**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)